



09-02-03

AF/1765

**MAIL STOP AF**  
Attorney Docket No. MTI-31046

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant : Donald L. Yates

Serial No. : 09/652,991

Filing Date : August 31, 2000

Examiner : TRAN, Binh X.

Group Art Unit: 1765

Confirmation No.: 4383

For : Compositions For Dissolution of Low-K Dielectric Films and Methods of Use

RECEIVED  
SEP 08 2003  
TC 1700

**CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10**

I hereby certify that, on the date shown below, this correspondence is being deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231 as "Express Mail Post Office to Addressee" Mailing Label No. EV326236421US.

Date: August 29, 2003

Donald L. Yates

**MAIL STOP AF**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL**

1. Transmitted herewith is:

Response

Supplemental Information Disclosure Statement

PTO Form 1449

Check for \$180.00 (IDS fee)

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**STATUS**

2. Applicant is a large entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.
- Applicant believes that no extension of term is required. However, if an extension of time is required, please consider this a petition therefor.
- Applicant petitions for an extension of time under 37 C.F.R. ' 1.136 for the total number of months checked below [fees: 37 C.F.R. ' 1.17(a)(1)-(4)] :

Extension <u>(months)</u>	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
[ ] one month	\$ 110.00	\$ 55.00
[ ] two months	\$ 390.00	\$ 195.00
[ ] three months	\$ 890.00	\$ 445.00
[ ] four months	\$ 1,390.00	\$ 695.00
		Fee: \$

If an additional extension of time is required, please consider this a petition therefor.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Claims Remaining After Amendment		Highest No. Previously Paid For		Rate (Small Entity)	Additional Fee or	Rate (Large Entity)	Additional Fee
Total 35	Minus	96	=	x 9= \$	\$	0 x 18	\$ 0
Independent 14	Minus	35	=	x 42= \$	\$	0 x 84	\$ 0

## FIRST PRESENTATION OF MULTIPLE DEP CLAIM

TOTAL  
ADDIT. Fee \$                  or      TOTAL  
ADDIT. Fee \$ 0.00

- c.  No additional fee for claims is required.  
 d.  Total additional fee for claims required \$

FEE DEFICIENCY

5.  If any additional extension and/or fee is required, charge Account No. 23-2053.  
 If any additional fee for claims is required, charge Account No. 23-2053.

Date: AUGUST 29, 2003

Kristine M. Strodthoff  
Kristine M. Strodthoff, Reg. No. 34,259

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